

# Heart disease patients may not benefit from depression screening

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Results of a new study call into question recent clinical guidelines issued by leading cardiovascular groups, including the American Heart Association, which recommend patients with cardiovascular disease be screened for signs of depression and treated accordingly.

The study, published in the November 12 edition of the Journal of the American Medical Association and conducted by an international team of researchers including James Coyne, Ph.D., Professor of Psychology in Psychiatry at the University of Pennsylvania School of Medicine, determined that there is no clear evidence that depression screening plays a conclusive role in improving cardiovascular patients' health.

Nearly one in five patients with cardiovascular disease suffer from major depressive disorder, but because some heart disease symptoms can be confused with signs of depression, standard screening tools for depression may not be appropriate for this patient population.

"If a patient has a positive score on a depression screening test, most cardiologists do not have the time or training to conduct a follow-up interview, rule out false-positive results and establish an appropriate depression treatment plan." said Dr. Coyne. "Given the scientific evidence concerning the necessary steps to diagnose and treat depression effectively, cardiologists should be discouraged from dispensing antidepressants casually, without proper diagnosis and follow up planning."

Even if treatment improves depression, investigators found no evidence that improvement in depression results in delaying a new heart attack or improving survival, but noted that the relevant data were quite limited.

"For a patient to benefit from depression treatment, they need to receive comprehensive education, an appropriate treatment (i.e. medication, psychotherapy) and a follow-up care to monitor progress," Coyne said. "That is hard to accomplish in a busy cardiology practice and may not benefit the cardiac health of the patient."

Source: University of Pennsylvania

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